## Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: <u>CLINIQUE LABORATORIES</u> , <u>LLC</u> Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):	
Address of	Service Provider: CLINIQUE LABORATORIES, LLC, 767 FIFTH AVENUE, NEW YORK, NEW YORK, 10153
Name of A Notification	gent Designated to Receive n of Claimed Infringement: LEE PUCCINI, ESQ.
Full Addre designation is THE ESTER	ss of Designated Agent to which Notification Should be Sent (a P.O. Box or similar not acceptable except where it is the only address that can be used in the geographic location): E LAUDER COMPANIES INC., 767 FIFTH AVENUE, NEW YORK, NY
10153	
Telephone !	Number of Designated Agent: (212) 277-2320
Facsimile N	umber of Designated Agent: (212) 277-2355
Email Addr	ess of Designated Agent: lpuccini@estee.com
Signature of (	Officer or Representative of the Designating Service Provider:
	Date: 10 30 09
yped or Prin	ted Name and Title: LEE PUCCINI, SENIOR V.P. & DEP. GEN. COUNSEL
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ore: This In	terim Designation Must be Accompanied by a S80 Filing Fee e to the Register of Copyrights.

